REPORT TO THE TWENTY-THIRD LEGISLATURE
STATE OF HAWAII
2006

PURSUANT TO SECTION 10 OF ACT 161, SESSION LAWS OF HAWAII 2002 (REGULAR SESSION), REQUIRING A REPORT BY THE DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION ON THE IMPLEMENTATION OF SECTION 321-193.5, HAWAII REVISED STATUTES

PREPARED BY:

DEPARTMENT OF HEALTH
STATE OF HAWAII

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REPORT TO THE LEGISLATURE
SUBMITTED BY
THE DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
PURSUANT TO SECTION 10 OF ACT 161,
SESSION LAWS OF HAWAII 2002 (REGULAR SESSION)

PURPOSE

Act 161, Session Laws of Hawaii (SLH) 2002, was enacted "to require first time non-violent drug offenders, including probation and parole violators, to be sentenced to undergo and complete drug treatment instead of incarceration." Section 10 of Act 161, SLH 2002, specifies that:

> The Department of Health shall submit an annual report to the Legislature before the convening of each Regular Session, beginning with the Regular Session of 2004, on the status and progress of the interagency cooperative agreement required under Section 2[1] of this Act and the effectiveness of the delivery of services thereto, and expenditures made under this Act.

It should be noted that there are caveats to Act 161, SLH 2002, implementation:

> The reference to a "master plan developed under Chapter 353G" in Section 2 of Act 161, SLH 2002, is erroneous as there is no mention of a "master plan" in Chapter 353G[2]. The development and implementation of offender substance abuse treatment programs, however, have been on-going activities involving interagency participation.

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[1] Codified as §321-193.5, Hawaii Revised Statutes –

§321-193.5 Interagency coordination. (a) The department of public safety, Hawaii paroling authority, judiciary, department of health, department of human services, and any other agencies assigned oversight responsibilities for offender substance abuse treatment by law or administrative order, shall establish a coordinating body through an interagency cooperative agreement to oversee the development and implementation of offender substance abuse treatment programs in the State to ensure compliance with the intent of the master plan developed under chapter 353G. The coordinating body shall also include a representative from a community based prisoner advocacy group and a substance abuse treatment provider selected by the director of health, and an ex-offender selected by the director of public safety subject to the approval of the chairperson of the Hawaii paroling authority and the chief justice. The coordinating body shall meet not less than quarterly in a meeting subject to chapter 92. The interagency cooperative agreement shall set forth the role of the coordinating body and the responsibilities of each agency that is a party to the agreement.

(b) The department of health shall be the lead agency for interagency coordination of substance abuse treatment. As the lead agency, the department shall act as facilitator of and provide administrative support to the coordinating body.

(c) Notwithstanding any other provision to the contrary, any agency that is part of the interagency cooperative agreement shall provide, upon the request of any other participating agency, all medical, psychological, or mental health records of any offender receiving supervision or treatment while under custody of the State. Any participating agency receiving such records of any offender receiving supervision or treatment while under custody of the State, shall keep that information confidential in accordance with the requirements of 42 United States Code section 290dd-2. [L 2002, c 161, §2] Note: Annual report on interagency cooperative agreement. L 2002, c 161, §10.

[2] Act 152-98, Criminal Offender Treatment Act.

BACKGROUND

Act 259, SLH 2001 appropriated $2,192,698 for adult criminal justice substance abuse treatment and integrated case management services. However, because the department had anticipated funding restrictions, approval to expend these funds was not granted until late in the fiscal year. Thus, only $192,698 of the $2.192 million appropriated was expended in FY 2002.

On June 25, 2002, the FY 2002-03 supplemental budget (Act 177, SLH 2002) which deleted funding for the services to offenders, was approved. On the same day, however, Act 175, SLH 2002 was approved by the Governor, appropriating funds from the Emergency and Budget Reserve Fund to maintain levels of programs that are essential to the public health, safety, and welfare. Section 10 in Act 175 restored the $2,200,000 for FY 2002-03 to be used for the offender treatment initiative. In FY 2003-04 and FY 2004-05 a similar $2.2 million was appropriated and used for Integrated Case Management services.

It was anticipated that 241 offenders would be served per year, based on the funds allocated.

IMPLEMENTATION

During the July 1, 2003 – June 30, 2004 fiscal year, 514 offenders were referred by criminal justice agencies for case management services and safe, clean and sober housing in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii. Of the 514 offenders referred for services, 148 were carryovers from the previous year.

The funds remained at $2.2 million for the 2004 Fiscal Year, yet the Integrated Case Management program served more than 213% of the clients budgeted. The 514 offenders served exceeded the 241 offenders projected because the actual average length of treatment was shorter than projected. Substance abuse treatment for the criminal offender is more difficult because of the jurisdictional changes and low motivation for treatment among offenders. Servicing more clients over a shorter length of time is more difficult for the agencies contracted to serve offenders. Some of the increase in the number of offenders served was expected, as offenders in treatment during the previous fiscal year roll over to the next fiscal year. Case managers have continued to accept cases beyond anticipated caseloads, however, substance abuse treatment funds were exhausted for some contractors and other contractors faced capacity limits during fiscal year 2003-04, and many new offenders could not be accepted.

During the July 1, 2004 - June 30, 2005 fiscal year, a new year of funds was available, and new offenders could be accepted. However, referrals had stopped and criminal justice agencies had to begin their referral process on all islands once again. This created a slowdown in referrals, and, at the end of the 2005 Fiscal Year 471 offenders had been served. This was less than the previous year, however, it still exceeded the projected capacity, given the funds allocated, by 195%. The experience of FY 2004 and FY 2005 has shown a pattern of shorter than projected length of treatment for offenders. One would expect that integrated case managers to continue to be very active in serving a larger caseload and treatment agencies to admit and treat larger than anticipated numbers of criminal offenders to Integrated Case Management (ICM).

The following tables indicate the number of offenders served, criminal justice agencies, expenditures and the geographic dispersion of the offenders. The Alcohol and Drug Abuse Division (ADAD) has contracts with eight (8) agencies statewide. In most cases contracts are fully utilized, however for some, utilization is low. ADAD attempts to modify contracts during the year to move funds from those with low utilization to those with high utilization. In FY 2004 there was a carry-over of $72,862, despite contract modification efforts. At the end of the year, a contract agency did not have the bed capacity to fully utilize their contracted funds and $72,862 was thus carried over to FY 2005.

Referrals by Criminal Justice Agency FY 2003-2004

	Supervised Release DPS/ISC	Adult Client Services	Corrections Jail/Prison Furlough	Hawaii Parole Authority	Total	FY2003-2004 Expenditure
Kauai[1]	21	37	1	9	**68**	$38,000
Oahu[2]	54	54	0	87	**195**	$1,557,138
Maui[3]	24	79	8	11	**122**	$302,000
Hawaii[4]	9	110	0	10	**129**	$230,000
Total	**108**	**280**	**9**	**117**	**514**	$2,127,138*

Substance abuse treatment providers:
[1]Hina Mauka
[2]Salvation Army-Addiction Treatment Services; Hina Mauka and Queen's Medical Center
[3]Aloha House and Hina Mauka
[4]Big Island Substance Abuse Council (BISAC)
*Carried over to FY2004-05 $72,862

Referrals by Criminal Justice Agency FY2004-2005

	Supervised Release DPS/ISC	Adult Client Services	Corrections Jail/Prison	Hawaii Parole Authority	Total	FY2004-2005 Expenditure
Kauai[1]	23	24	0	8	**55**	$18,000
Oahu[2]	61	53	0	67	**181**	$1,540,887
Maui[3]	41	63	10	11	**125**	$210,000
Hawaii[4]	11	90	0	9	**110**	$265,000
*****						$72,862
Total	**137**	**230**	**10**	**94**	**471**	$2,106,749

Substance abuse treatment providers:
[1]Hina Mauka
[2]Salvation Army-Addiction Treatment Services; Hina Mauka and Queen's Medical Center
[3]Aloha House and Hina Mauka
[4,]Big Island Substance Abuse Council (BISAC)
*Carried over from FY2003-04

SERVICES PROVIDED

Substance Abuse Treatment Services:

Substance abuse treatment services are essential services for those with diagnosed addictions to drugs or alcohol. Offenders were eligible for integrated case management services if they were referred from the Department of Public Safety through supervised release or through work furlough; Adult Probation, now known as Adult Client Services; and the Hawaii Paroling Authority. These offenders had a diagnosis of substance abuse or dependency, but no serious mental illness. They could not exceed three hundred percent (300%) of the poverty level for Hawaii, as defined by current Federal Poverty Level Standards.

The following is the continuum of substance abuse treatment services, by county, that were provided to Integrated Case Management Offenders:

Kauai – Offenders on supervised release, probation and parole on Kauai were admitted to Hina Mauka for residential, day treatment, intensive outpatient and outpatient substance abuse services. As needed, residential treatment services were provided at the agency's Oahu facility.

Oahu – Offenders on supervised release, probation and parole on Oahu were admitted to Salvation Army—Addiction Treatment Services or Hina Mauka for residential, day treatment, intensive outpatient and outpatient substance abuse services. In Fiscal Year 2003-2004, Queen's Medical Center was added as a provider for intensive outpatient and outpatient substance abuse services.

Maui – Offenders on supervised release, probation, furlough and parole in Maui County were admitted to Aloha House or Hina Mauka for residential, day treatment, intensive outpatient, outpatient and transitional therapeutic living program substance abuse services.

Hawaii – Offenders on supervised release, probation, and parole on the Big Island were admitted to the Big Island Substance Abuse Council (BISAC) for day treatment, intensive outpatient, outpatient and transitional living program substance abuse services.

Treatment and criminal justice research has found that a stay of 3 months to 9 months is necessary for the offender, and is associated with decreased recidivism. In addition, offenders who have completed treatment were provided with a relapse plan following treatment that supported ongoing sobriety. This may include a specific number of self-help meetings recommended to the offender within a given time period, ongoing support through Aftercare group attendance, as well as addressing other medical, psychological, vocational and/or educational goals following substance abuse treatment, and continued linkage with other community resources (e.g. housing, transportation, foodbank assistance) in order to support continued sobriety.

Clean and Sober Housing Services:

CARE Hawaii provided case management services on all islands, networking between supervising officers and services. Integrated Case Management (ICM) addressed safe, clean and sober housing in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii. Most sites are located on the island of Oahu. On the island of Hawaii BISAC has established clean and sober housing, on Maui Aloha House has been able to support this services internally when space is available. Otherwise the homeless shelter, Ka Hale A Ke Ola and the associated long-term transitional housing is an option. The case manager on Kauai was active on the homeless shelter board in order to advocate for housing on Kauai for the consumers served under this contract. The private non-profit Lihue Court Townhomes is also an option to be developed.

Medical Insurance, employment, vocational rehabilitation:

The offenders served by integrated case management service were of high need; often unemployed, in need of vocational rehabilitation or education, or homeless. Case managers assisted offenders in receiving medical insurance, usually through MedQuest. This provided the offenders access to medical services, including outpatient substance abuse treatment, and utilizes the contribution of federal funds through MedQuest. ICM treatment resources could then be used for those offenders who required residential treatment. All clients who were eligible for MedQuest, but who had not enrolled, were encouraged to join MedQuest.

RECIDIVISM

The major outcome in any criminal justice project is recidivism, or the proportion of offenders who have been rearrested. Accurate recidivism analysis depends on defining the measures of recidivism, obtaining baseline data, and having an adequate interval during which the offender is exposed to the community. Normally, the adequate exposure interval is from three to five years. However, some of the preliminary data from the ICM project can be framed by the recidivism methodology used for the state of Hawaii's major recidivism project, the Interagency Council on Intermediate Sanctions (ICIS). ICIS was initiated by the Chief Justice and includes all jurisdictions of the adult criminal justice system with the goal of measuring and reducing recidivism by 30%.

Recidivism defined:

ICIS has defined recidivism with the National Institute of Corrections as: "A new arrest or probation, parole or pre-trial revocation within 3 years of the onset of community supervision."

Baseline:

The Department of the Attorney General Crime Prevention and Justice Assistance Division collects and reviews Uniform Crime Reporting reports and has established a baseline that can be used for offenders on probation and parole. The baseline figures are:

1. Felony probation (based on offenders sentenced to probation in FY 95-96): 53.7% at 3 years post-community sentence.

2. Parole (based on offenders released to parole in FY 97-98): 72.9% at 3 years post-community release.

Preliminary data:

The data from the Integrated Case Management project provide a snapshot of the population of offenders who may have entered the services as early as July 1, 2002 and recidivated by the end of Fiscal Year 2004.

Preliminary reporting of recidivism by category FY2004

	Supervised Release	Adult Client Services	District Court	Corrections Jail/Prison	Parole	Total
Arrests/revocations	9	40	0	0	9	58
Total Served	108	280	3	9	17	514
Percentage	8.3%	14.2%	0%	0%	.7%	11.3%

For those granted supervised release from custody prior to adjudication, 8.3% were returned to custody due to an arrest or revocation. Adult Client Services (probation) had the most referrals (280). These offenders were referred from a probation unit dedicated to offenders who were at high risk for revocation (usually because of previous violations). This probation revocation rate was 14.2%. Parolees, generally the category with the highest recidivism, had a 7.7% recidivism rate. This project largely accepted the non-violent offender, and this may have reduced this rate for parolees. The overall recidivism rate of 11.3% appears headed in a positive direction, when compared to the baseline recidivism rates, and the ICIS goal of 30% recidivism reduction. The increasing numbers of referrals served (514+) indicates that the Intermediate Sanctions project is able to serve a substantial number of criminal justice offenders with multiple needs.

For Fiscal Year 2005, offenders may have entered services as early as July 1, 2002 and recidivated by the end of Fiscal Year 2005.

Preliminary reporting of recidivism by category FY2005

	Supervised Release	Adult Client Services	District Court	Corrections Jail/Prison	Parole	Total
Arrests/revocations	5	5	0	0	6	16
Total Served	137	230	0	10	94	471
Percentage	3.6%	2.1%	0%	0%	6.3%	3.4%

The recidivism appears to be very low and is continuing to decline for the offenders served by this project. However, important caveats must be included. The above is simply a reporting of the recidivism of the active caseload of offenders for the ICM project, rather than a more comprehensive study of recidivism such as the Attorney General's reports or the ICIS project. For example, many referrals from criminal justice agencies drop out prior to accepting ICM

services. While this may improve ICM recidivism, these offenders who do not accept substance abuse treatment may fail in the criminal justice system.

The ICM project is a collaboration of several services, including case management, substance abuse treatment, clean and sober homes and the criminal justice system. Any of these components could be responsible for the success of the project. For example, if offenders receive continuous substance abuse treatment, the recidivism rate, based on national studies, is low.

STATUS OF REFERRALS FROM THE CRIMINAL JUSTICE SYSTEM

Tracking the point in which an offender drops out of treatment, from the point of referral to the end of treatment may shed some light on system improvement. CARE Hawaii provides the ICM case managers and the electronic medical record management information system, which is able to gather real-time data during an offender's treatment. This data allows analysis of the phases of treatment and the points at which an offender may run into problems, as well as real-time solutions for those problems.

In the following data & analyses, the beginning phases of treatment—during treatment engagement—appears to be critical in the long-term success of an offender. If offender drop-out during these beginning phases can be minimized, a 3 to 9 month length of treatment and sobriety appear to lead to successful outcomes.

Summary of Offenders' Case Management Status - FY 2004, FY2005

	FY 2004	FY 2005
Active cases	57	101
Successfully completed ICM (case closed)	163	120
Case Closed - no assessment (referral but no assessment)	82	49
Case Closed - assessment completed/no treatment follow-through	50	52
Case Closed - assessment completed/received treatment/ Non-compliance or new charges or revoked	107	79
Case Closed – transferred to other funding	0	0

Research has shown that the anti-social substance abuser is likely to respond poorly during-treatment and relapse earlier, regardless of the treatment modality or setting. This occurs despite consequences from the criminal justice system. However, evidence-based principles show that outcomes can be improved if consequences are swift and certain, if treatment is immediately available, and if motivational enhancement is used.

A further breakdown of the disposition of offenders for Fiscal Year 2004 and Fiscal Year 2005 follows, indicating how offenders were serviced using various funding sources to meet offender needs. Offenders were transferred to other funding if the funding could be made available, such as insurance. Some offenders were sent back to the criminal justice agency, if, despite efforts, the offender did not participate in substance abuse treatment.

Status Summary by Criminal Justice Referral Agency – FY2004

	Supervised Release	Probation	Corrections Jail/Prison	Parole	Total
Active	12	26	3	16	57
Complete ICM	14	99	2	48	163
No Assessment	28	32	1	21	82
Assessment; no treatment	16	23	0	11	50
Assessment/Treatment/Revoked	20	74	2	11	107
Transfer to other funding	0	0	0	0	0
Transfer to mental health	9	10	1	3	23
Not eligible	9	16	0	7	32
Deceased	0	0	0	0	0
Total	108	280	9	117	514

Status Summary by Criminal Justice Referral Agency – FY2005

	Supervised Release	Probation	Corrections Jail/Prison	Parole	Total
Active	22	65	2	13	**101**
Complete ICM	22	69	5	24	**120**
No Assessment	16	28	0	5	**49**
Assessment; no treatment	21	16	0	15	**52**
Assessment/Treatment/Revoked	28	31	1	19	**79**
Transfer to other funding	0	0	0	0	**0**
Transfer to mental health	2	9	0	4	**15**
Not eligible	11	27	2	15	**55**
Deceased	0	0	0	0	**0**
Total	**122**	**245**	**10**	**95**	**471**

The issues of integrating criminal justice and substance abuse treatment are complex. However, a preliminary comparison of recidivism between offenders who are receiving ICM services and a baseline of probationers and parolees, has thus far shown less recidivism for those receiving ICM services. Offenders who have frequent contact with integrated case managers in combination with treatment services are less likely to be arrested or revoked. ICM appears to play a major role in treatment engagement, offender accountability, and assistance with services, leading to sobriety, increased use of medical insurance, and increased employment.